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ABSTRACT

This study examines recent evidence that many children with learning disabilities (LD) have accompanying behavior problems, especially children who experience academic difficulties in school but who are not formally diagnosed as LD. Subjects were 85 referrals to a university educational assessment center from 1991 to 1994. The subjects, 58 males and 27 females, were predominantly white, and ranged in age from 6-16 years. The primary tool used for evaluation was the Child Behavior Checklist (CBCL). While the major thrust of this study was to document that differential diagnosis of emotional disturbances (ED) and LD was feasible using the CBCL, parents and teachers also reported more problems for children with LD than were typically reported for normative samples. The results of the study are somewhat consistent with previous findings about accompanying behavior problems and lack of competencies for children with LD. The primary difference between the results of the study and previous findings with LD children is the magnitude of the problems reported. The aggregate findings for LD children suggest more highly elevated problem behavior scores on the CBCL than were found in this study. Given that the CBCL is a relatively time- and cost-efficient rating scale, its use as a screener for emotional/behavioral problems of children who are initially referred for academic difficulties seems warranted. In addition, the results of the study highlight a functional need for both academic and social interventions for many children with LD. Contains 12 references. (KW)

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INTERNALIZING AND EXTERNALIZING BEHAVIOR PROBLEMS IN CHILDREN WITH AND WITHOUT IDENTIFIED LEARNING PROBLEMS

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PURPOSE

Under the Individuals with Disabilities Education Act (IDEA; PL 101-476, 1990), over 2 million school children were eligible for special education services in the learning disabilities (LD) category during the 1990-91 school year (U.S. Department of Education, 1992). Such students constituted 3.8% of the total school-aged population in the United States, documenting a substantial prevalence rate for children with serious academic difficulties in school. Since the initial passage of the Education of the Handicapped Act (EHA; PL 94-142, 1975), states have adopted increasingly complex criteria for diagnosing LD, nearly all employing statistical procedures for gauging ability-achievement discrepancies. Relatively little attention, however, has been devoted to accompanying behavior problems of such children.

Several studies have documented a higher than expected prevalence rate of behavioral, emotional, and social problems among children with LD (McConaughy, 1986; McConaughy & Ritter, 1986; McConaughy, Mattison, & Peterson, 1994; McKinney, 1989; Meyer, 1983; Michaels & Lewandowski, 1990; Ritter, 1989; Rourke & Fuerst, 1992; Swanson & Malone, 1992). Most such studies find that while these problems are less serious than those of students with emotional disturbances (ED), they are significantly more prevalent and serious than problems reported for regular classroom students. For example, McConaughy, Mattison, and Peterson (1994)

found that students with LD scored significantly higher on all scales of the *Child Behavior Checklist* (CBCL; Achenbach, 1991) than matched controls from the regular classroom. They also found that students with ED scored significantly higher than those with LD on all CBCL scales, except Somatic Complaints. While the major thrust of this study was to document that differential diagnosis of ED and LD was feasible using the CBCL, the authors acknowledged that, "parents and teachers also reported more problems for children with LD than were typically reported for normative samples," and that the results, "highlight a functional need for both academic and social interventions for many children with LD." (p. 94)

In view of the fact that recent evidence suggests that many children with LD have accompanying behavior problems, the purpose of this study was to extend this line of inquiry to children experiencing academic difficulties in school, but who are not formally diagnosed as LD. CBCL profiles of students who were referred to a University Educational Assessment Center for academic difficulties were compared with those of students not referred for academic problems.

METHOD

Subjects

The subjects participating in this study were drawn from 85 nearly consecutive referrals to a University Educational Assessment Center from 1991 to 1994. Thirty-five (42.2%) subjects were referred specifically for academic difficulties in school; the remaining 50 (58.8%) were referred for a variety of reasons, most commonly for mild adjustment problems or assessment for gifted and talented programming. The subjects ranged in age from 6.1 to 16.3 years (M=8.56 ; SD=2.99) and in grade from 1st to 11th. Fifty-eight males (68.2%) and 27 females (31.8%) participated; and the ethnicity of the subjects was predominantly Anglo (80.1%).

Instrumentation

The CBCL is a standardized parent rating scale designed to obtain reports of behavioral and emotional problems and competencies of children aged 4-18. The scale is arranged in forced-choice format for the 118 problem behaviors; parents also provide information for 20 competence items related to their children's activities, social relations, school performance, and involvement in social organizations. The scale yields T scores for 8 cross-informant problem scales (eg., anxious-depressed,

delinquent behavior), 3 competency scales, and summary scores for total competence, total problems, and internalizing and externalizing problems. The 1991 CBCL scoring profile is normed on 2368 school-aged children, 4-18, with separate norms for boys and girls. Achenbach (1991) reports test-retest reliability for the Total Problems score was .93 over a one-week interval, while interparent agreement was .76. Ample evidence of criterion-related and construct validity are also reported in the test manual (see Achenbach, 1991).

Procedure

Parents of all children completed an intake interview, history questionnaire, and CBCL, in addition to the individualized assessment administered to each student. These were all completed in the Assessment Center under the supervision of Center staff. In the majority of cases (72%), both mothers and fathers independently completed a CBCL for their child.

RESULTS

Table 1 presents the results of MANOVAs for independent samples between the two groups' problem behavior scores on the CBCL. As can be seen, both the MANOVAS for mothers' ($F(8,76) = 2.32$; $p = .028$) and fathers' ratings ($F(8,50) = 3.58$; $p = .002$) were significant. An inspection of the univariate Fs reveals that both mothers and fathers rated children experiencing academic difficulties in school as having significantly more attention problems than children without academic problems. Fathers also rated these children as having significantly more social problems.

Table 2 presents the results of MANOVAs for the competence scales on the CBCL. Again, the results for both mothers' ($F(4,80) = 3.91$; $p = .006$) and fathers' ratings ($F(4, 50) = 4.62$; $p = .002$) were significant. Although the univariate Fs did not yield significant differences on the individual competence scales, the overall results suggest that children in this sample who were experiencing academic difficulties in school were viewed by their parents as having fewer competencies than children without academic problems.

Figures 1 and 2 display mean T score results of the problem and competence scales of the CBCL for both groups of children, respectively. Although the differences in scores described above are clearly discernible, it is also important to recognize that all aggregated scores for both groups of children fall within normal limits. That is, none of the mean T scores on the problem or competence scales is in the clinically significant range, as suggested by Achenbach (1991). It appears, therefore,

that although the children in this sample with academic difficulties were rated as having significantly more problems and less competencies than those without academic difficulties, the majority are still rated at similar levels as same-aged and same-sex peers in the standardization sample of the CBCL.

Table 3 provides information on the percentages of children in both groups who score above the suggested clinical cutoff points (T scores 60 or above for Internalizing, Externalizing, and Total Problems; T scores 67 or above for individual problem scales) on the CBCL. As noted above, a preponderance of children in both groups were not rated in the clinically significant range on the CBCL; however, approximately 15-20% of the children in both groups were above the cutoff for Internalizing, Externalizing, or Total Problems.

TABLE 1

MANOVA RESULTS FOR CBCL PROBLEM BEHAVIORS

Mothers' ratings $F(8,76) = 2.32$; $p = .028$

Scale	F	p
Withdrawn	0.001	.973
Somatic Complaints	0.000	.994
Anxious/Depressed	0.799	.374
Social Problems	3.353	.071
Thought Problems	0.711	.401
Attention Problems	9.808	.002
Delinquent Behavior	1.490	.226
Aggressive Behavior	0.156	.901

Fathers' ratings $F(8,50) = 3.58$; $p = .002$

Scale	F	p
Withdrawn	0.150	.699
Somatic Complaints	0.257	.614
Anxious/Depressed	1.547	.219
Social Problems	4.425	.040
Thought Problems	2.885	.095
Attention Problems	15.544	.000
Delinquent Behavior	0.207	.651
Aggressive Behavior	0.239	.627

TABLE 2

MANOVA RESULTS FOR CBCL COMPETENCE SCALES

Mothers' ratings $F(4,80) = 3.93; p = .006$

Scale	F	p
Activities	2.45	.121
Social	3.26	.074
School	2.61	.110
Total	3.56	.063

Fathers' ratings $F(4,80) = 4.615; p = .002$

Scale	F	p
Activities	3.66	.059
Social	2.66	.107
School	3.57	.062
Total	3.08	.083

FIGURE 1

PROBLEM BEHAVIOR PROFILES FOR CHILDREN WITH AND WITHOUT ACADEMIC PROBLEMS

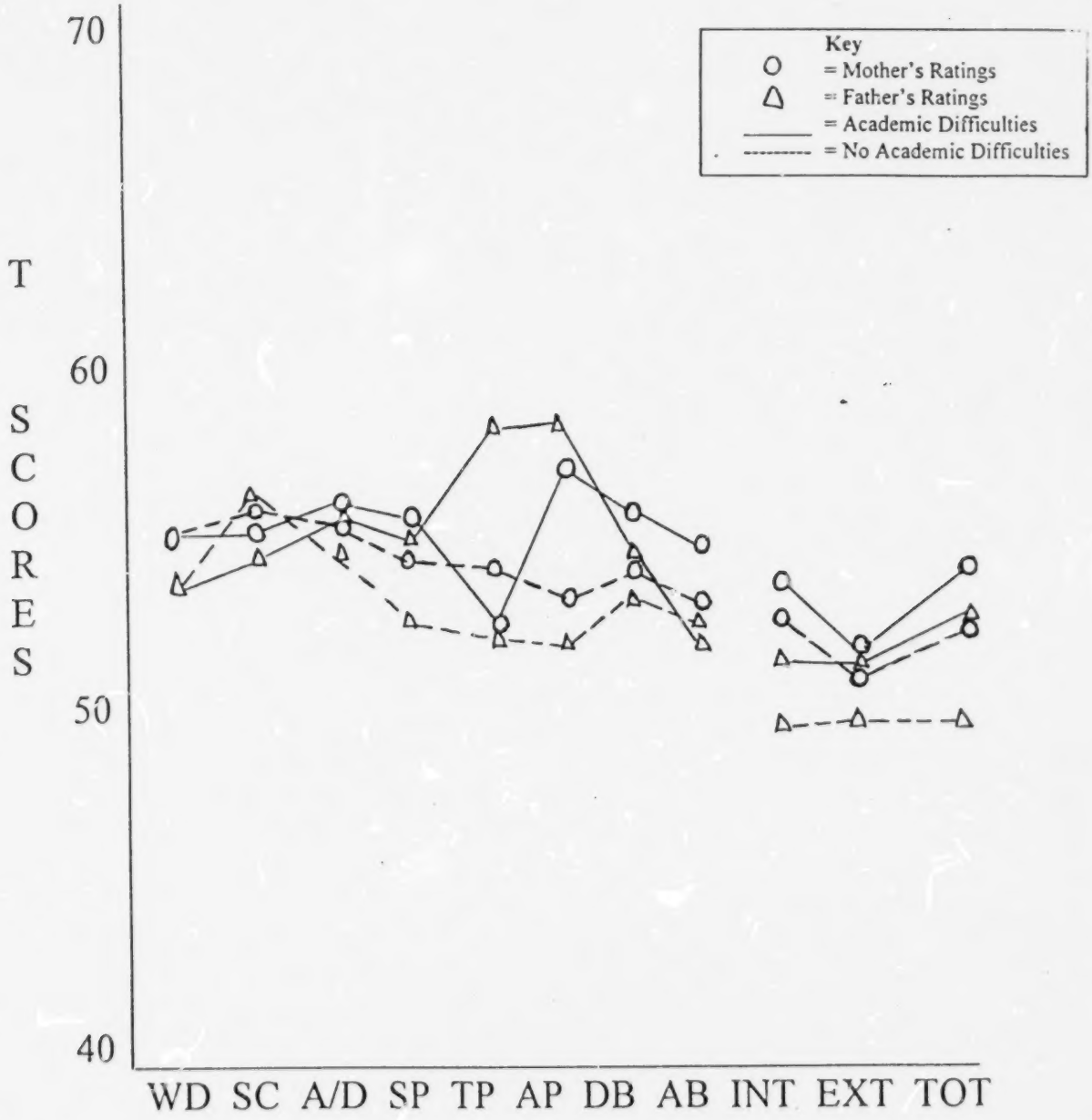

FIGURE 2

COMPETENCE PROFILES FOR CHILDREN WITH AND WITHOUT ACADEMIC PROBLEMS

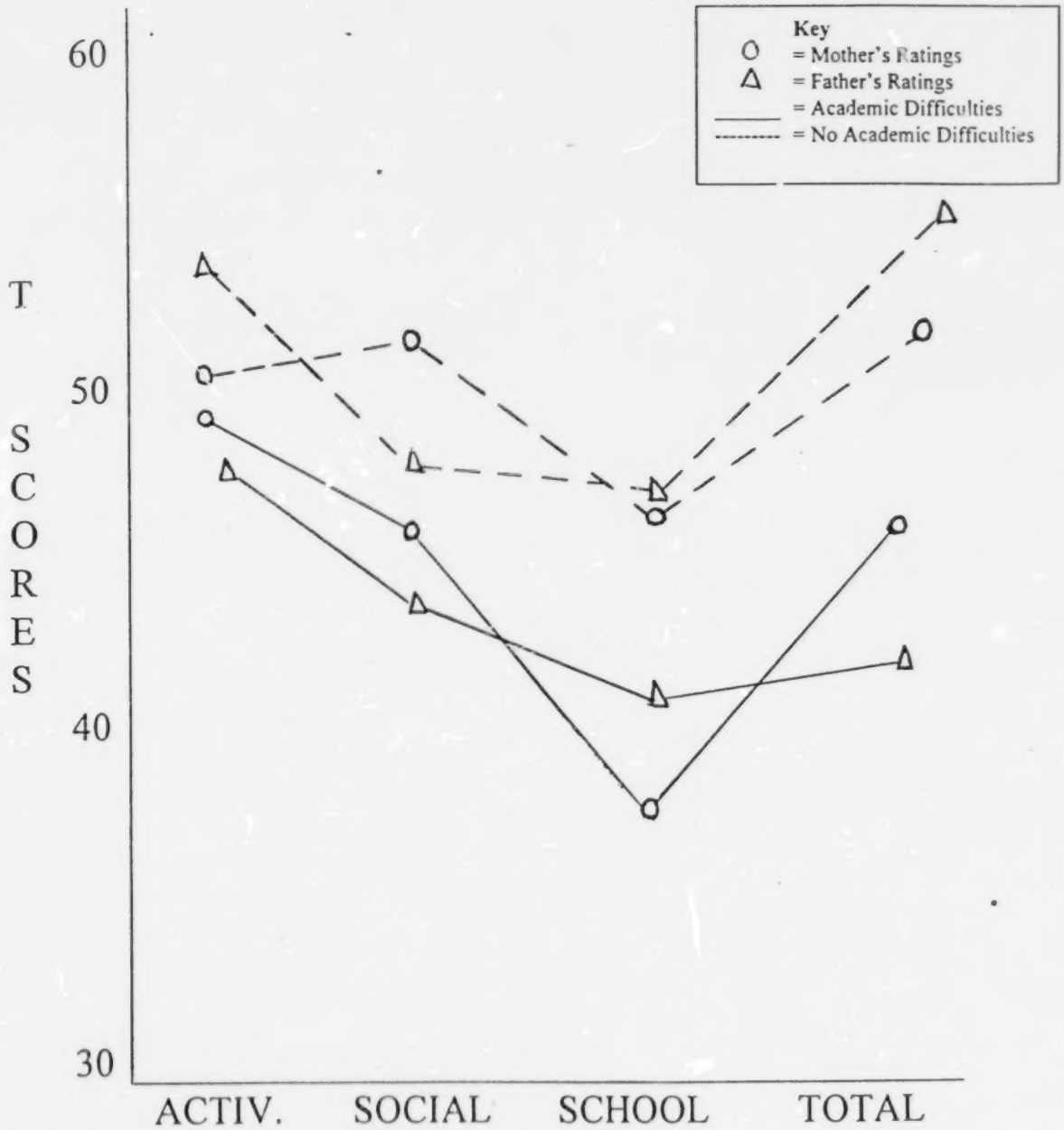

TABLE 3

PERCENTAGES OF CHILDREN SCORING ABOVE CLINICAL CUT-OFFS

Scale	Academic Problems		Non-Academic Problems	
	Mother	Father	Mother	Father
WD	8.6	2.9	8.0	2.9
SC	8.6	2.9	12.0	11.4
A/D	11.4	5.7	6.0	2.9
SP	14.3	8.6	6.0	2.9
TP	2.9	5.7	4.0	2.9
AP	11.4	22.8	6.0	5.7
DB	11.4	8.6	4.0	2.9
AB	5.7	2.9	2.0	8.6
INT	20.0	17.1	22.0	17.1
EXT	20.0	14.3	16.0	11.4
TOTAL	17.1	22.8	14.0	14.3

Clinical cut-off scores for Internalizing, Externalizing, and Total Problems $\geq$ 60; for individual problem scales $\geq$ 67.

DISCUSSION

The results of this study are somewhat consistent with previous findings about accompanying behavior problems and lack of competencies for children with LD. Although the children in this study with academic problems were not formally diagnosed as LD, they were nevertheless experiencing significant problems with school work. Like those with LD, they are rated as having more attention and, to some extent, social problems than children without academic difficulties. Similarly, they are rated as having less competencies.

The primary difference, however, between the results of the present study and previous findings with LD children is the magnitude of the problems reported. Aggregate findings for LD children suggest more highly elevated problem behavior scores on the CBCL than were found in this study. This is not surprising, given that the academic problems of children with LD may be more pervasive than for those with less severe learning problems; and more likely to be associated with other behavioral and emotional difficulties.

Given that the CBCL is a relatively time and cost-efficient rating scale, it's use as a screener for emotional/behavioral problems of children who are intially referred for academic difficulties seems warranted. Although not the majority, a substantial enough percentage of individual children in the present study scored above the clinical cut-off points on the CBCL to merit further

evaluation. Such information may prove vital for planning appropriate academic or behavioral interventions.

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